



WEBSITE: www.dmvnow.com

APPLICATION FOR SPECIAL REGISTRATION

VSA 15 (Rev. 05/03)

CHECK TYPE OF REGISTRATION:

- ☐ ONE YEAR **or** ☐ TWO YEARS
- ☐ ORIGINAL ☐ RENEWAL ☐ REISSUE (Decals Only) ☐ REISSUE (Plates & Decals)
- ☐ TRANSFER OF LICENSE NO. _____ ☐ OTHER _____

CHECK TYPE OF PLATES REQUESTED:

- ☐ PERMANENT: **For Permanent Tractor/Truck Only**
NO MONTH OR YEAR DECALS WILL BE ISSUED. VEHICLE MUST HAVE A GVWR OR GCWR OF 26,001 LBS OR MORE OR 7,501 OR MORE IF THE TRUCK/TRACTOR IS OWNED BY A BUSINESS OR FARM. ANNUAL OR BI-ANNUAL FEES REQUIRED. (CHECK ONE OR TWO YEARS)
- For Permanent Trailer Only**
NO MONTH OR YEAR DECALS WILL BE ISSUED. A ONE-TIME \$50.00 FEE. PLATES ARE NOT TRANSFERABLE OR REFUNDABLE.

- ☐ VOLUNTEER FIRE FIGHTER (Complete B, C, D & Insert) ☐ FIRE FIGHTER (Complete B, C, D & Insert) ☐ RESCUE SQUAD (Complete B, C, D & Insert) ☐ FARM PLATE (Complete A, B, C, and D)

IF REISSUE, CHECK REASON:

- ☐ LOST ☐ MUTILATED/DESTROYED ☐ ILLEGIBLE/HARD TO READ ☐ I WANT A NEW PLATE DESIGN/NUMBER ☐ CONFISCATED

SECTION A:

LOCATION OF FARM _____ ACREAGE _____

TYPE OF COMMODITY PRODUCED _____ ANNUAL AMOUNT PRODUCED \$ _____

SECTION B:**VEHICLE INFORMATION (All applications must complete)**

TITLE NUMBER		VEHICLE IDENTIFICATION NUMBER (VIN)					CURRENT PLATE NUMBER		EXPIRATION DATE	
MAKE	MODEL YEAR	BODY TYPE	AXLES	FUEL	EW	GW	GVWR	GCWR	COLOR OF VEHICLE	
									PRIMARY	SECONDARY
DMV USE ONLY	LICENSE PLATE NUMBER STAMP		DECALS:		MONTH		YEAR			
			CHECK IF NO FEE <input type="checkbox"/>	REGISTRATION FEE	REISSUE FEE	UMV FEE	ADDITIONAL FEE	TOTAL		

OWNER INFORMATION AND INSURANCE CERTIFICATION MUST BE COMPLETED ON REVERSE

SECTION C:	OWNER INFORMATION AND INSURANCE CERTIFICATION (All applicants must complete)		
OWNER'S NAME (Last, First, Middle)			
CO-OWNER'S NAME (Last, First Middle)			
RESIDENCE/HOME ADDRESS (Required) If This Represents a New Address Check Here <input type="checkbox"/> CITY STATE ZIP CODE <i>If you change your residence/home address or mailing address to a non-Virginia Address, your driver's license and/or photo identification (ID) card may be canceled.</i>			
LOCATION WHERE VEHICLE GARAGED OR PARKED IN: <input type="checkbox"/> COUNTY OF <input type="checkbox"/> CITY OF <input type="checkbox"/> TOWN OF			
IF NEW GARAGE JURISDICTION, INDICATE JURISDICTION CHANGE DATE: _____			

SECTION D:	INSURANCE CERTIFICATION (All applicants must complete)		
I/WE CERTIFY THAT (Check <u>Only ONE</u> Box)			
<input type="checkbox"/> THIS VEHICLE IS CURRENTLY INSURED BY A LIABILITY POLICY ISSUED THROUGH AN INSURANCE COMPANY LICENSED TO DO BUSINESS IN VIRGINIA AND THE PROVIDES AT LEAST THE MINIMUM AMOUNT OF COVERAGE AS REQUIRED BY LAW.			
<input type="checkbox"/> THIS VEHICLE IS NOT INSURED; THEREFORE, I AM REMITTING THE APPLICABLE UNINSURED MOTOR VEHICLE FEE (PROVIDES <u>NO</u> INSURANCE COVERAGE).			
A VEHICLE MUST BE INSURED WITH <u>LIABILITY</u> COVERAGE WHEN IT IS REGISTERED, AND IT MUST REMAIN INSURED WHILE REGISTERED, WHETHER OR NOT IT IS OPERATED, OR THE UNINSURED MOTOR VEHICLE FEE MUST BE PAID. PENALTIES ARE SEVERE FOR VIOLATION OF THIS REQUIREMENT.			
CERTIFICATION:			
<i>I/We certify that all information contained herein is true and correct.</i>			
SIGNATURE OF APPLICANT _____		TELEPHONE NUMBER _____	DATE _____
SIGNATURE OF CO-APPLICANT _____		TELEPHONE NUMBER _____	DATE _____
<i>A corporation or company must sign the firm name per authorized representative.</i>			

IF YOUR VEHICLE HAS A GROSS WEIGHT OF 26,000 POUNDS OR MORE: YOUR SIGNATURE ATTESTS TO KNOWLEDGE OF ALL APPLICABLE STATE AND FEDERAL MOTOR CARRIER SAFETY AND HAZARDOUS MATERIALS LAW AND REGULATIONS WHEN APPLICABLE.